

OCW Insect Control District
PO Box 188 · Brandon VT 05733

Ground-based Adulticide and/or Larvicide Applications for Control of Mosquitoes

- ✓ Pesticide label(s) is/are in the vehicle or on person at time of application
- ✓ Spill clean-up kit present in vehicle, or at site of application
- ☐ If larvicide, larval survey data sheet attached (required for reimbursement)
- ☐ If aerial larvicide, VT Agency of Agriculture, Food, and Markets contacted

Date of application: _____ Time Application: Started _____ Stopped _____

General comments (route, address, treatment area, etc). Note any weather changes that occurred during the treatment.

Start Temp (F): _____ End Temp (F): _____ Wind Speed: _____ Wind Direction: _____

Weather (windy, sunny, overcast, etc.): _____

Product 1 Information	Product 2 Information	Product 3 Information
EPA Registration Number:		
Product Name:		
Application Rate:		
Total Amount Used:		

Application Information

If applied by vehicle, provide vehicle license plate number: _____

If applied by other, list method: _____

Applicator name (print): _____ Certificate number: _____

Location of application: _____

Attach map: If larvicide, circle treatment areas. If adulticide, include route map. If the entire route was not completed or there was any variation to the route, clearly mark & list the areas that were treated on the map.

Applicator Signature: _____ Date: _____

Applicator must keep a copy of this record for 2 years. Additional copies may be made for OCW use. Information recorded on this form will be summarized for the annual end of year pesticide usage report and for OCW grant reporting.